EXHIBIT





44-R

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

ALITHORITY.

DISCLOSURE:

5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.

PRINCIPAL PURPOSE: ROUTINE USES?

To assist leaders in conducting and recording counseling data pertaining to subordinates.

The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also

apply to this system. Disclosure is voluntary.

0279-11-CID093-421 PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)

Aguigui, Isaac

Date of Counseling

Organization

PFC/E3 Name and Title of Counsel

20110315

Rear Detachment, HHT/6-8 CAV, 4AAB, 3ID

SGT

quad Leader & S2 NCOIC

PART II - BACKGROUND INFORMATION

Purpose of Counselling: (Leader states the reason for the counselling, e.g. Performance/Professional or Event-Oriented counselling, and includes. the leader's facts and observations prior to the counseling.)

o Consuming alcohol under the age of 21

o Allowing another Soldier, also under the age of 21 who had been consuming alcohol, to drive you home

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

RFC Aguigui, on 13 March 2011 you informed me of an incidentishich took place on 12 March 2011 at PVT residence in which resulted in a verbal altercation between you and your wife. You informed me you were at a residence during which time you were consuming alcohol to the point where you said "I was too messed up to do anything", ultimately admitting to myself that you were drunk. Additionally, on 14 March 2011 while recounting the incident you openly admitted again that you were intoxicated to myself, SSG SSG SGT SGT CPT SGT and to SFC PFC Aguigui, you are 20 years of age which puts you below the legal age for consuming alcohol. By illegally consuming

alcohol on 12 March 2011, you violated Georgia State laws and UCMJ laws. Furthermore, you had PVT underage and had been consuming alcohol, bring you home and the next morning you awoke to your wife, SPC Aguigui, Deidre, arriving at the residence to find you in a provokative situation which resulted in a physical altercation between her and another woman and the Military Police being called to the scene. As a result of all of this, the Military Police have asked you to leave your residence and you are currently residing with a friend of yours on post-

If this conduct continues, action may be initiated to separate you from the Army under AR 635-200, Chapters 5, 9, 13, or 14. If you are involuntarily separated, you could receive an Honorable discharge, a General, under honorable conditions, discharge, or an Under Other Than Honorable conditions discharge. An Honorable discharge may be awarded under any provision. A General discharge may be awarded for separation UP Chapters 5, 9, 13, and 14. An Under Other Than Honorable conditions discharge may be awarded for separation UP Chapter 14. If you receive an Honorable discharge, you will be qualified for most benefits resulting from military service. An involuntary Honorable discharge, howeve: will disqualify you from reenlistment for some period of time and may disqualify you from receiving transitional benefits and the Montgomery G.I. Bill. If you receive a General discharge, you will be disqualified from recolisting in the service for some period of time and you will be ineligible for some benefits including the Montgomery G.I. bill. If you receive an Under Other Than Honorable conditions discharge, you will be ineligible for reenlistment and for most benefits including payment for accrued leave, transportation of dependents and household goods to home, transitional benefits and the Montgomery G.I. Bill, You may also face difficulty in obtaining civilian employment, as employers have a low regard for the General and Under Others han Honorable conditions discharges. Although there are agencies to which you may apply to have the character of your discharge changed, it is unlikely that any such applications will be successful. FOR OFFICIAL USE ONLY

OTHER INSTRUCTIONS LAW ENFORCEMENT SENSITIVE. This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consiquences see local directives and AR 635-200.

Page

DA FORM 4856, AUG 2010

PREVIOUS EDITIONS ARE OBSOLETE.

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Plan of Action (Outlines actions that the subordinate w specific enough to modify or maintain the subordinate's b	ill do after the counseling chavior and include a spe	session to reach the agree cified time line for impleme	ed upon goal(s). The entation and assessn	a actions must be nent (Part IV below)
- You will self-enroll into the Army Substance Al o Provide me with all necessary appointment of	ouse Program NLT 16 lates, times and place	30, 16 March 2011 so I can stay informed		
appointments o Provide me with a print out to verify that you	are enrolled in ASAP	0279-11-	C1.D093	-42143
- You will sit down with me and complete a swor which you verbally discussed with myself, SSG documentation ready should you need to seek leg	statement NLT 1630), 16 March 2011 metic	culously detailing	
- YOU WILL NOT CONSUME ALCOHOL! THE NEXT INCIDENT OF ANY SORT OF ALCOHOL WILL RESULT IN MY RECOMMENDATION FOR UCMJ ACTION AND A RECOMMENDED SEPARATION FROM THE ARMY!				
- Provide me with following information on your number, address, map from Squadron Headquarte and ISG & Commander's names	temporary residence 1 rs (158 Cavalry Way,	LT 1630, 16 March 2 Building 506, Fort Ste	011: individual's wart, GA 31314)	name, phone to the residence, unit
- Get a new cell phone and provide me with the ne	w phone number.			
- Keep me informed as to updates and necessary information concerning your marriage and if any assistance is needed (ie. being escorted to the residence to get personal items, legal advice, etc)				
Session Closing: (The leader summarizes the key point subordinate agrees/disagrees and provides remarks if app	s of the session and che ropriate.)	ks if the subordinate unde	erstands the plan of	action. The
	the information above.	•	•	
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	Y			
Signature of Individual Counseled: 1500	ASSI		Date: <u> </u>	०॥०३।5
Leader Responsibilities: (Leader's responsibilities in it - Ensure Soldier enrolls in ASAP & track upcomit	ig appointments on Sq	uad PERSTAT	•	
- Ensure Soldier understands possible punishmen - Ensure Soldier is taken care of and has a place to	o stay	iciage dimining	•	.•
	=		Date: 2e	مرده جرد خ
Signature of Counselor:			Date. 20	7527.2
PART IV - ASSESSMENT OF THE PLAN OF ACTION Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled				
and provides useful information for follow-up counseling.)				*
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	•		• :	EXHIBIT 10
	FOR OFFICIAL USE		Page 0	Pages—
Counselor: Individual Cou			Assessment	
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Note: Both the counselor and the	individual counsel	ed should retain a re	ecord of the co	IN IDENTIAL